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IAP16 Rec'd PCT/PTO 02 SEP 2008 DR

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Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. 10/517,835-Conf. #1828 Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Application Number FEE TRANSMITTAL Filing Date December 15, 2004 Trond EIDSNES First Named Inventor For FY 2008 **Examiner Name** H. Kafimosavi Applicant claims small entity status. See 37 CFR 1.27 4132 Art Unit TOTAL AMOUNT OF PAYMENT Attorney Docket No. 0312-0116PUS1 335.00 METHOD OF PAYMENT (check all that apply) Credit Card Check Money Order None Other (please identify): 02-2448 x Deposit Account Deposit Account Number: Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Application Type Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 50 130 65 155 Plant 210 105 310 160 80 Reissue 310 155 510 255 620 310 0 . 210 105 Provisional 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 25 50 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** _ -31 = <u>11</u> x <u>25.00</u> = 275.00 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) 2 0 × 105.00 0.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets (round up to a whole number) x - 100 = /50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00 SUBMITTED BY Registration No 43,368 (703) 205-8000 Telephone Signature Paul C. Lewis Name (Print Type) Date September 2, 2008

PTO/SB/22 (08-08)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.13	6(a) Docket Number (Optional)
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 48	0312-0116PUS1 18).)
Application Number 10/517,835-Conf. #1828	Filed December 15, 2004
For ACTUATOR IN A MICROFLUIDIC SYSTEM FOR INDUCING ELECTROOSMOTIC LIQUID MOVEMENT IN A MICRO CHANNEL	
Art Unit 4132	Examiner H. Kafimosavi
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):	
<u>Fee</u>	Small Entity Fee
X One month (37 CFR 1.17(a)(1)) \$120	\$60 \$ 60.00
Two months (37 CFR 1.17(a)(2)) \$460	\$230
Three months (37 CFR 1.17(a)(3)) \$1050	\$525 \$
Four months (37 CFR 1.17(a)(4)) \$1640	\$820 \$
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115 \$
X Applicant claims small entity status. See 37 CFR 1.27.	
A check in the amount of the fee is enclosed.	
Payment by credit card. Form PTO-2038 is attached.	
The Director has already been authorized to charge fees in this application to a Deposit Account.	
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to	
Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
I am the applicant/inventor.	
assignee of record of the entire interest. See 37 CFR 3.71.	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
attorney or agent of record. Registration Nu	mber <u>43,368</u>
attorney or agent under 37 CPR)1.34.	
Registration number if acting under 37 CFR 1.34	
() (() (September 2, 2008
Signature U	Date
Paul C. Lewis Typed or printed name	(703) 205-8000 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
Total of forms are submitted.	

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